

| COBRA PARTICIPANTS | | 2017 TOTAL | | |
|--|----------------------|-----------------|-------------------|---------------------------|
| PLAN/COVERAGE DESCRIPTION | | MONTHLY PREMIUM | MONTHLY ADMIN FEE | PARTICIPANT MONTHLY SHARE |
| CONTRA COSTA HEALTH PLAN - BASIC PLAN A | | | | |
| Employee on Basic Plan | | \$717.57 | \$14.35 | \$731.92 |
| Employee & 1 | | \$1,435.13 | \$28.70 | \$1,463.83 |
| Employee & 2 or more dependents on Basic Plan | | \$2,152.71 | \$43.05 | \$2,195.76 |
| CONTRA COSTA HEALTH PLAN - BASIC PLAN B * | | | | |
| Employee on Basic Plan | | \$795.44 | \$15.91 | \$811.35 |
| Employee & 1 | | \$1,590.88 | \$31.82 | \$1,622.70 |
| Employee & 2 or more dependents on Basic Plan | | \$2,386.32 | \$47.73 | \$2,434.05 |
| KAISER PERMANENTE - BASIC PLAN A * | | | | |
| Employee on Basic Plan | | \$718.07 | \$14.36 | \$732.43 |
| Employee & 1 | | \$1,436.14 | \$28.72 | \$1,464.86 |
| Employee & 2 or more dependents on Basic Plan | | \$2,154.21 | \$43.08 | \$2,197.29 |
| KAISER PERMANENTE - BASIC PLAN B | | | | |
| Employee on Basic Plan | | \$570.73 | \$11.41 | \$582.14 |
| Employee & 1 | | \$1,141.45 | \$22.83 | \$1,164.28 |
| Employee & 2 or more dependents on Basic Plan | | \$1,712.18 | \$34.24 | \$1,746.42 |
| KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN | | | | |
| Employee on Basic Plan | | \$458.07 | \$9.16 | \$467.23 |
| Employee & 1 | | \$916.14 | \$18.32 | \$934.46 |
| Employee & 2 or more dependents on Basic Plan | | \$1,374.21 | \$27.48 | \$1,401.69 |
| HEALTH NET HMO PLAN - BASIC PLAN A * | | | | |
| Employee on Basic Plan | | \$1,292.89 | \$25.86 | \$1,318.75 |
| Employee & 1 | | \$2,585.78 | \$51.72 | \$2,637.50 |
| Employee & 2 or more dependents on Basic Plan | | \$3,878.66 | \$77.57 | \$3,956.23 |
| HEALTH NET HMO PLAN - BASIC PLAN B | | | | |
| Employee on Basic Plan | | \$899.05 | \$17.98 | \$917.03 |
| Employee & 1 | | \$1,798.10 | \$35.96 | \$1,834.06 |
| Employee & 2 or more dependents on Basic Plan | | \$2,697.16 | \$53.94 | \$2,751.10 |
| HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A | | | | |
| Employee on PPO Basic Plan | | \$1,712.92 | \$34.26 | \$1,747.18 |
| Employee & 1 | | \$3,425.83 | \$68.52 | \$3,494.35 |
| Employee & 2 or more dependents on Basic Plan | | \$5,138.75 | \$102.78 | \$5,241.53 |
| HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B * | | | | |
| Employee on PPO Basic Plan | | \$1,542.05 | \$30.84 | \$1,572.89 |
| Employee & 1 | | \$3,084.10 | \$61.68 | \$3,145.78 |
| Employee & 2 or more dependents on Basic Plan | | \$4,626.14 | \$92.52 | \$4,718.66 |
| DELTA DENTAL PREMIER - \$1,800 Annual Maximum | | | | |
| | Employee | \$45.16 | \$0.90 | \$46.06 |
| For CCHP Plans | Employee + 1 | \$102.00 | \$2.04 | \$104.04 |
| | Employee + 2 or more | \$102.00 | \$2.04 | \$104.04 |
| | Employee | \$45.16 | \$0.90 | \$46.06 |
| For Health Net Plans | Employee + 1 | \$102.00 | \$2.04 | \$104.04 |
| | Employee + 2 or more | \$102.00 | \$2.04 | \$104.04 |
| | Employee | \$45.16 | \$0.90 | \$46.06 |
| For Kaiser Permanente Plans | Employee + 1 | \$102.00 | \$2.04 | \$104.04 |
| | Employee + 2 or more | \$102.00 | \$2.04 | \$104.04 |
| | Employee | \$45.16 | \$0.90 | \$46.06 |
| Without a Health Plan | Employee + 1 | \$102.00 | \$2.04 | \$104.04 |
| | Employee + 2 or more | \$102.00 | \$2.04 | \$104.04 |
| | Employee | \$45.16 | \$0.90 | \$46.06 |
| DELTA CARE (PMI) | | | | |
| | Employee | \$29.06 | \$0.58 | \$29.64 |
| For CCHP Plans | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Employee + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| | Employee | \$29.06 | \$0.58 | \$29.64 |
| For Health Net Plans | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Employee + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| | Employee | \$29.06 | \$0.58 | \$29.64 |
| For Kaiser Permanente Plans | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Employee + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| | Employee | \$29.06 | \$0.58 | \$29.64 |
| Without a Health Plan | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Employee + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| | Employee | \$29.06 | \$0.58 | \$29.64 |